PAROCHIAL EMPLOYEES' RETIREMENT SYSTEM OF LOUISIANA

Please provide a copy of the following:

- 1. DROP Distribution or Refund of Contributions Form
- 2. Request to Transfer form with payment instructions

from your financial institution.

(name of the individual requesting the rollover) as a Qualified Retirement Plan under IRC Sec. 401(a). 2. Account/Plan #	DIRECT ROLLOVER RE	QUEST FORM	
Name of Distributing Plan: Parochial Employees' Retirement System [ype of Plan: 401 (a) Address of Plan: 7905 Wrenwood Boulevard [city/State/Zip: Baton Rouge, LA 70809 Name and telephone no. of contact at distributing plan: Kristi Spinosa (225) 928-1361 TO BE COMPLETED BY MEMBER REQUESTING DIRECT ROLLOVER FROM PERS: Name and telephone no. of contact at distributing plan: Kristi Spinosa (225) 928-1361 Telephone: Social Security No.: Date of Birth: Telephone: Walling Address: City, State, Zip: ******ROLLOVER "OUT" INSTRUCTIONS******* Directly roll over all of my balance to	eck only one: DROP Distribution		n Refund of Contributions
tame of Employer: Type of Plan: 401 (a) (ddress of Plan: 2905 Wrenwood Boulevard City/State/Zip: Baton Rouge, LA 70809 tame and telephone no. of contact at distributing plan: Kristi Spinosa (225) 928-1361 O o BE COMPLETED BY MEMBER REQUESTING DIRET ROLLOVER FROM PERS: Iame of Participant (First, Last): ocial Security No.: Date of Birth: Telephone: Adailing Address: City, State, Zip:	D BE COMPLETED BY INSTITU	TION THAT WILL BE ROLLING O	IVER FUNDS:
ddress of Plan: 7905 Wrenwood Boulevard City/State/Zip: Baton Rouge, LA 70809 Jame and telephone no. of contact at distributing plan: Kristi Spinosa (225) 928-1361 O BE COMPLETED BY MEMBER REQUESTING DIRECT ROLLOVER FROM PERS; Jame of Participant (First, Last): Oate of Birth: Telephone: Aailing Address: City, State, Zip: ******ROLLOVER "OUT" INSTRUCTIONS****** Directly roll over all of my balance to	lame of Distributing Plan:	Parochial Employees' Retirer	ment System
arme and telephone no. of contact at distributing plan: Kristi Spinosa (225) 928-1361 OBE COMPLETED BY MEMBER REQUESTING DIRECT ROLLOVER FROM PERS: arme of Participant (First, Last): ocial Security No.: Date of Birth: Telephone: dailing Address: City, State, Zip: ******ROLLOVER "OUT" INSTRUCTIONS******** Directly roll over all of my balance toin the manner listed below: 1. 1. Please make a check payable to(name of Accepting Organization) F (name of the individual requesting the rollover) as a Qualified Retirement Plan under IRC Sec. 401(a). 2. Account/Plan #	lame of Employer:		Type of Plan: 401 (a)
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2. Account/Plan #			(name of Accepting Organization) FBC
a. Address to mail rollover payment	(name of the individual)	equesting the rollover) as a Qu	Jaimed Retirement Plan under IRC Sec. 401(a).
******AGE 73 RESTRICTION******* f this rollover is being made during or after the year in which you turn 73, you cannot roll over any distribution which would constit r required minimum distribution from the distributing plan. Please check with your Plan Administrator for more information ab equired minimum distributions. *******TAX NOTICE ACKNOWLEDGEMENT******* NDIVIDUAL: I have read and understand the IRC Sec. 402(h) Notice provided to me by the Plan Administrator. I understand any conditions piplicable to direct rollovers and certify that I qualify for a direct rollover of the funds listed in the "Rollover Instructions" section of this Direct tollover Request. Due to the important tax consequences of rolling funds over to another qualified plan, I have been advised to see a tax advisor ransaction and will not hold the Plan Administrator, Trustee, Custodian, Issuer or the Parochial Employees' Retirement System liable for any diverse consequences that may result. Member/Retiree Signature DATE Printed Name of Officer Accepting Rollover Title of Officer Accepting Rollover	2. Account/Plan #		
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	Name of Firm Accepting	Rollover	Signature of Officer Accepting Rollover
Date	Printed Name of Officer	Accepting Rollover	Title of Officer Accepting Rollover
	Date		